APPLICATION FOR ADDITION OF A NEW PROGRAM(S) UNDER THE PROVISIONS OF TITLE 38, U.S. CODE	
Indicate *IHL (Degree) Program and/or **NCD (Non-degree) Program Name of School:	
Program Title:	
Circle Program Credential Awarded: Certificate, Diploma, Associate, Bachelor, Master, Doctor, Other Program Length - Number of:	
Days	Weeks Months Years
☐ Total Number of Hours: ☐ Clock Number of Hours:	☐ Credit Number of Hours:
Effective Date://	
(Date you want program approved for Veterans Education Program Enrollment Limitation:	
(For NCD Programs Only)	(For NCD Programs Only)
The following additional staff will teach this/these program(s):	
The following new equipment will be needed/is now in place:	
This/these program(s) will be offered at the main campus:	Yes No
This/these program(s) will ☐ will not ☐ be offered at the	
following established branches: Enclose three (3) copies of Course Description, Course Outline,	Class Schedule and Catalog Addendum for each new
program.	oldes conclude, and catalog Addendam for cash new
Program Title:	
☐ Circle Program Credential Awarded: Certificate, Dip ☐ Program Length - Number of:	oloma, Associate, Bachelor, Master, Doctor, Other
Days ☐ Total Number of Hours: ☐ Clock	Weeks Months Years Credit
Number of Hours:	Number of Hours:
(Date you want program approved for Veterans Education Program Enrollment Limitation:	n purposes) Tuition Rate Per Program/Term: \$
(For NCD Programs Only)	(For NCD Programs Only)
The following additional staff will teach this/these program(s):	
The following new equipment will be needed/is now in place:	
This/these program(s) will be offered at the main campus:	Yes No
This/these program(s) will ☐ will not ☐ be offered at the	
following established branches: Enclose three (3) copies of Course Description, Course Outline, Class Schedule, and Catalog Addendum for each new	
program.	Class Concard, and Catalog Addonaum for Caon non
Program Title:	
Program Length - Number of:	oloma, Associate, Bachelor, Master, Doctor, Other
Days ☐ Total Number of Hours: ☐ Clock	Weeks Months Years
Number of Hours:	Number of Hours:
Effective Date:// (Date you want program approved for Veterans Education	n purposes)
Program Enrollment Limitation:	Tuition Rate Per Program/Term: \$
(For NCD Programs Only) The following additional staff will teach this/these program(s):	(For NCD Programs Only)
The following new equipment will be needed/is now in place:	
This/these program(s) will be offered at the main campus:	Yes No
This/these program(s) will will not be offered at the following established branches:	
Enclose three (3) copies of Course Description, Course Outline, School Calendar, and Catalog Addendum for each new program.	
Signature of School Official and Date:	
Sig	nature Date
Send to Program Director, Private Postsecondary Career Schools and Veterans Education, Nebraska Department of Education, P.O. Box 94987, Lincoln, NE 68509-4987	
Please print on legal size (8.5 x 14") paper	